



Indian Health Care Improvement Fund (IHCIF)



Study Documents Health Funding Disparity for American Indians

American Indians have long experienced disproportionate health problems compared to other Americans. The health status disparities extend to disparities in health care resources as well. A recent study documented the funding disparity for Indians compared to mainstream health plans. The Level of Need Funded (LNF) study found that **funding fell 40 percent short** of the average cost of mainstream health plans. This funding gap grossly restricts health care services and is one root cause of the Nation's failure to eliminate unacceptable rates of death and disease among Indians. This gap is very troubling to tribal leaders -- especially in view of the Nation's goals to eliminate racial disparities and its unique obligations to the first Americans.

Funding Needed for Comparability

- \$1.2 billion to assure comparable mainstream health services to 1.4 million beneficiaries of IHS / tribal health programs
- **\$300 million per year** over 4 year period for full comparability

Funding Needed to Reduce Disparity

- 107 local units have less than 60% of necessary funds
- **\$258 million IHCIF to raise 107 local units to 60%**

